11:124

Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

CLAIMS AS FILED - PART I (Column 1) (Column 2)						-	SMALL ENTITY TYPE OR		OTHER THAN SMALL ENTITY		
FOR		NUMBE	NUMBER FILED		NUMBER EXTRA		FEE] [RATE	FEE	
BA	SIC FEE	ć	ė a				345.00	OR		690.00	
TO	TAL CLAIMS		2 minus 20=		• 6		:	OR	X\$18=	108	
IND	EPENDENT CL	AIMS (→ minus	3 = * /	* /			OR	X78=	78	
MULTIPLE DEPENDENT CLAIM PRÈSENT							:	OR	+260=		
* If	the difference	in column 1 is	less than z	TOTAL	-	OR	TOTAL	816			
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)										HER THAN	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBEF PREVIOUS PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***	=	X39=		OR	X78=		
<u> </u>	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDENT CL	_AIM	+130=		OR	+260=		
						TOTA	AL .		TOTAL		
H		(Column 1)		(Column	2) (Column 3	ADDIT. FE	E] •	ADDIT. FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHES' NUMBER PREVIOUS PAID FOI	T PRESENT SLY EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***	=	X39=		OR	X78=		
Ĥ	FIRST PRESE	NTATION OF M	IULTIPLE DE	EPENDENT CI	LAIM	+130=	:	OR	+260=		
						TOTA ADDIT. FE		1,_'	TOTAL ADDIT. FEE		
		(Column 1)		(Column		3)		_			
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBER PREVIOUS PAID FO	R PRESENT SLY EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***	=	X39=		OR	X78=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							1			
	If the entry in colu	ımn 1 is less than	the entry in co	olumn 2 write "N	" in column 3	+130=		OR	+260=		
	If the "Highest Nu	umber Previously F umber Previously f	Paid For" IN TI Paid For" IN T	HIS SPACE is le HIS SPACE is le	ess than 20, enter "2 ess than 3, enter "3.") is the highest num	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	E		TOTAL ADDIT. FEE lumn 1.		

This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION	NUMBER:					
•		Total Fe	e Calculatio	ם		
	Fee Cada	Total # Claims	Number Extra X	Fee	Fac •	Total
	Sm./Lg.			Sm. Entity	Lg Entiry	
Busic Filing Fee	201/101	50	/		690	
Total Claims >20 .	205/101 .	-20)	- 6 x		700	
Independent Claims >3	202/102	<u> </u>	<u>/</u>		<u>/</u>	
Mult. Dep Claim Present	204/104				170	• ,
Surcharge	205/105				13.	
English Translation	119 .					
TOTAL FEE CALCUL	MOITA					
Fees due upon filing t	the application.					
Total Filing Fees Due	= S	10	00 G		-	-
Less Filing Fees Subn	niπed - \$					
BALANCE DUE	= S	100	D 6		·	
	M	17				
Office of Initial Paten	t Examination					
FORM OIPE-RAM-01 (R.	ev. 12/97)	Ŀ	gure 7		-	